

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/018208	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22		1					72							
23			1				73							
24			1				74							
25			1				75							
26			1				76							
27		1					77							
28			1				78							
29			1				79							
30			1				80							
31			1				81							
32			1				82							
33		1					83							
34			1				84							
35		1					85							
36			1				86							
37			1				87							
38			1				88							
39			1				89							
40			1				90							
41			1				91							
42			1				92							
43			1				93							
44			1				94							
45			1				95							
46			1				96							
47			1				97							
48			1				98							
49			1				99							
50			1				100							
TOTAL IND.			4				TOTAL IND.							
TOTAL DEP.			17				TOTAL DEP.							
TOTAL CLAIMS			21				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS